THE WYNDHAM WASHINGTON, DC HOTEL
(SOON TO BE WESTIN WASHINGTON, DC CITY CENTER)
1400 M STREET, NW
WASHINGTON, DC 20005-2750

RESERVATION FORM FOR AMERICAN COLLEGE OF PHYSICIANS LEADERSHIP DAY MAY 15-16, 2007

PHONE (202) 429-1700 OR (800) 996-3426
RESERVATION'S FAX (202) 785-0786 ATTN: Reservations
***ONLINE:** http://www.wyndham.com/hotels/DCAHT/main.wnt
*You must reference the **Group Code, 0514648**, in order to get the group rate.

Reservations must be received by April 23, 2007.
To reserve your room(s), please complete the information below (use only the allotted spaces):

FIRST NAME:

LAST NAME:

STREET/APT.

CITY/STATE/ZIP CODE:

BUSINESS PHONE: (___) _____ FAX: (___) _____

ARRIVAL: _____ (day) (date) DEPARTURE: _____ (day) (date)

PLEASE RESERVE: _____ (# of rooms) FOR: _____ (total # of people)

NAME(S) OF PERSON(S) SHARING ACCOMMODATIONS: _____

DISCOUNTED GUESTROOM RATES UNTIL: April 23, 2007
$175.00 SINGLE or $175.00 DOUBLE OCCUPANCY ($25 additional charge per person per room)

Special Requests:

_____ Single Occupancy _____ Double Occupancy _____ Non-Smoking Room

_____ King _____ (2) Double Beds _____ Smoking Room

Additional Special requests: _____

To receive the discounted guestroom rate, your reservation must be received by the Wyndham Washington, DC Hotel reservations department on or before April 23, 2007. You MUST obtain a confirmation number in order to confirm that your reservation has been received & processed. Reservations and special requests are subject to availability. Check-in is after 3:00 PM and check-out time is 12:00 PM. All reservations MUST be guaranteed with a credit card:

American Express _____ Diners Club _____ Visa _____ MasterCard _____ Discover _____
Number _____
Exp. Date _____ Signature _____

Reservations must be canceled 24 hours prior to the day of your planned arrival to avoid a charge equal to one night's room and tax.